White House Conference on Aging
Listening Session
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I want to thank the Policy Committee for its recognition of the importance of medical research in the context of our rapidly aging population. Indeed, one can imagine how one key breakthrough against one or more of the major diseases of aging could have the power to change the healthcare landscape and ameliorate challenges that otherwise have the potential to overwhelm health care financing and delivery in the United States.

The Alliance and our sister organization, the American Federation for Aging Research (AFAR), have been privileged to address this issue – and its implications for public policy – at the 1995 White House Conference on Aging. At that time our organizations consulted with scores of scientists and policy experts and published a document we titled **Putting Aging on Hold:** ***Delaying the Diseases of Old Age***. The Alliance and AFAR hope to be able to publish a follow-on document for the 2005 White House Conference on Aging.

Our organizations are determined advocates for research and the discoveries that will come, because we believe fervently in the wisdom of these words from the Institute of Medicine of the NAS:

"Science offers the best hope to improve the older person's quality of life. Research that is directed and supported properly can provide the means to reduce disability and dependence in old age, and can decrease the burdens on a health care system strained to its limits."

It is not an exaggeration to say that policymakers here in Washington, DC, and elsewhere are obsessed with relentlessly rising costs of health care and long term care. But let's take a closer look at what is driving costs today and what will drive them for decades to come:

In the 20th Century, for the first time in human history the majority of health care came to be directed at managing diseases and disabilities that are chronic in nature, taking their toll over a long period of time, and in most cases associated with aging.

Nearly half of our population reports having at least one chronic health problem. The cost of caring for those conditions now consumes more than three-quarters of all health care spending. Total spending on health care grew to $1.7 trillion in 2003 and is projected to reach $3.4 trillion in the next 10 years.

While the problem is often stated as the high costs of health care, in reality what threatens is the high cost of diseases. And it is the health problems that afflict people as they grow older are the real enemy. Just four diseases of aging are estimated to cost over $800 Billion dollars a year, or about half of the total U.S. health expenditures.

Those diseases are: Cardiovascular disease, neurological diseases, cancer and diabetes.

- Cardiovascular disease is the nation's number one killer and also the main cause of disability in older Americans. Of those who died from CVD, 80% are age 65 and older
- Without some means to prevent or postpone Alzheimer's and other neurological diseases, the aging of the Baby Boom could mean 16 millions Americans – a number equal to the entire population of Australia – could be living with dementia by 2030.
- The number of cancer patients aged 85 and older is expected to increase four-fold by mid-century.
- Today's 17 million with diabetes is expected to double by 2030, and already diabetes – principally type II in older people – accounts for more than 1/3 of Medicare spending.

Only breakthroughs from research that provide more effective means to prevent, postpone or ameliorate the impact of these diseases will avert a fiscal and social calamity. The fiscal impact of these and other debilitating conditions of aging is too large to be quelled with tinkering around the edges of cost containment or by rationing care.

At the Alliance for Aging Research we believe in empowering individuals to invest in their own healthy future. We know there is much that people can do through their own behaviors to improve physical and mental health, and to improve their economic health through financial choices that can improve their lives as they grow older. But research, innovation and scientific momentum are collective responsibilities, led by national policies, funded by the public and private sectors equally, and benefiting us all.

American science and medical engineering have produced many health benefits in recent years, from wheelchairs that can climb stairs, to clot-busters drugs, implantable heart pumps, effective new drugs to control cholesterol and blood pressure, amazingly detailed imaging of the heart or brain, the ability to grow new blood vessels for treating heart disease and stroke, or to inhibit the growth of vessels to starve tumors or reduce blindness from macular degeneration. Even the simple and inexpensive intervention of a daily low-dose aspirin was the product of years of research and extensive clinical trials and health services research.

How the US maintains its preeminence in research and applies new knowledge to improve aging are questions not for scientists alone but for policymakers and for the American public.

- What is the proper amount of funding for NIH, CDC, NSF and the VA given the certainly of a larger older population?
- What policies will insure that the private sectors – both industry and voluntary associations – remain important innovators and developers of new therapies, devices and techniques for older patients?
- What new innovations and technologies to deal with aging and age-related diseases are just beyond the horizon, and how will they be integrated efficiently into health care delivery?

The Alliance for Aging Research and AFAR look forward to helping the delegates and the leadership of the 2005 White House Conference on Aging to gain a purchase on answers to these questions.

Thank you.

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